

**STATE OF MONTANA  
DEPARTMENT OF ADMINISTRATION  
ARCHITECTURE AND ENGINEERING DIVISION**

**CONTRACTOR'S AFFIDAVIT REGARDING  
PAYMENT OF DEBTS AND CLAIMS, AND RELEASE OF LIENS**

PROJECT:

OWNER: STATE OF MONTANA  
DEPT. OF ADMINISTRATION

I CERTIFY to the best of my knowledge and belief that all previous work has been performed and materials supplied in strict accordance with the terms and conditions of the corresponding contract documents between the STATE OF MONTANA, acting by and through its DIRECTOR, DEPARTMENT OF ADMINISTRATION, hereinafter called the Owner, and \_\_\_\_\_, hereinafter called the CONTRACTOR, for the above referenced project.

I further certify and declare that all previous bills for materials, supplies, utilities and for all other things furnished or caused to be furnished by the CONTRACTOR and used in the execution of the contract have been paid upon receipt of all previous Partial Payments and that there are no unpaid obligations, liens, claims, security interests, encumbrances, liabilities and/or demands of State Agencies, subcontractors, materialmen, mechanics, laborers or any others resulting from or arising out of the work done, caused to be done or ordered to be done under the contract.

In consideration of all prior Partial Payments made, the CONTRACTOR releases and forever discharges the OWNER from any and all obligations, liens, claims, security interests, encumbrances and/or liabilities arising by virtue of the contract and authorized changes between the parties, either verbal or in writing, and any and all claims and demands of every kind and character whatsoever against the OWNER, arising out of or in any way relating to the contract, and authorized changes, for all work completed to date.

This statement is made for the purpose of inducing the OWNER to make the next PARTIAL PAYMENT under the terms of the contract, relying on the truth and statements contained herein.

(Seal)

CONTRACTOR \_\_\_\_\_  
(Firm)

\_\_\_\_\_  
(Signature) (Title)

Subscribed and sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 19\_\_\_\_

(Seal)

NOTARY \_\_\_\_\_  
Notary Public for the State of Montana

My Commission Expires: \_\_\_\_\_